

FOR TOWN USE ONLY	
Date _____	
Application No. _____	
Staff Initials _____	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Amount Awarded _____	



**TOWN OF BROOKHAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT FUND APPLICATION
FISCAL YEAR 2017**

NAME OF ORGANIZATION: - _____

ADDRESS: _____

CONTACT PERSON: _____ E-MAIL: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DUNS # _____ FED TAX ID# _____

If you are an organization, do you have federal 501(c)3 IRS status? Yes ☐ No ☐

Is your organization subject to fiscal Single Audit Requirements? Yes ☐ No ☐

What year was your organization founded/established: _____

Description of Project:

For public service organizations specifically describe what funds will be spent for including:

- 1) **WHAT** products or services are to be performed (ie., youth counseling);
- 2) **WHERE** they are to be provided (physical address);
- 3) **WHOM** the services are to be provided for are (population type ie., low income youth) and;
- 4) **HOW** they are to be provided. (*attach additional information, if needed*)

If this is a Capital project* (ie, playground equipment for a park, sidewalks, street lighting), please describe the nature of the project and the project location (*attach additional information, if needed*)

If a **Capital Project** what is the **number of persons** to be assisted that will have:

new access to this infrastructure improvement or public facility? _____

improved access to this infrastructure improvement or public facility? _____

Define the community associated with the activity (*attach additional information, if needed*):

Anticipated Accomplishments (*attach additional information, if needed*):

Choose category and **provide the anticipated number to be assisted**:

Youth to be assisted ____ Elderly to be assisted ____ Jobs to be created ____
People to be assisted ____ Businesses to be assisted ____

Is the **main purpose** of this activity (**answer yes or no**):

To help the homeless? Yes ☐ No ☐
To prevent homelessness? Yes ☐ No ☐
To help those with HIV/AIDS? Yes ☐ No ☐
To help persons with disabilities? Yes ☐ No ☐

Is the activity to be carried out by the municipality? Yes ☐ No ☐

Is the activity to be carried out by the applicant? Yes ☐ No ☐

Is applicant a faith-based organization? Yes ☐ No ☐

Is applicant an institution of higher learning? Yes ☐ No ☐

Eligibility Criteria:

All projects must meet one of the three criteria (check box that applies)

- ☐ Benefits Primarily Low and Moderate Income Persons
 - Project is in a low and moderate income area
 - Household income data will be collected
- ☐ Prevents and Eliminates Slums and Blight
 - Describe slums and blighting influences and how they will be eliminated
 - Attach description and supporting documentation

- ☐ Urgent Need
 - Describe the serious and immediate threat to health and safety
 - Attach description and supporting documentation

Cost Estimate:

<u>Funding Sources</u>	<u>Amount</u>
1. CDBG Funds Requested in this application:	\$ _____
2. Prior Year CDBG Funds Received	\$ _____
3. Other Federal Funds Requested (if any)	\$ _____
4. NYS Funds Requested (if any)	\$ _____
5. County Funds Requested (if any)	\$ _____
6. Private Funds Requested (if any)	\$ _____
7. Other Funds Requested (if any)	\$ _____

****If multiple years, list years and amounts on separate sheet.**

If applicant is a **public service group**, please show how the CDBG funds will be used for the period of one year:

1. Salaries and Benefits	\$ _____
2. Rental Space	\$ _____
3. Utilities	\$ _____
4. Supplies and Materials	\$ _____
5. Program/Service Costs (Specify)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
TOTAL CDBG BUDGET	
	\$ _____

**** If you are applying for funding for a Capital Project, please attach cost estimate documentation from a licensed contractor or licensed engineer.***

CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is correct. I understand this is neither an offer of funding, nor does it obligate the applicant or the Town of Brookhaven Dept. of Housing and Human Services in any way. I have read the instructions and Town of Brookhaven Community Development Block Grant Sub-Recipient Requirements.

Applicant Signature

Date